

Page Denied

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REPORT SURVEY		1. DATE OF SURVEY	2. TYPE OF REPORT			
			REQUIRED	PREPARED		
3. PERSON TO CONTACT REGARDING REPORT	NAME	COMPONENT	ROOM NO. AND BLDG.			
4. REPORT TITLE						
5. AUTHORITIES OR DIRECTIVES REQUIRING THIS REPORT						
6. REPORTING FREQUENCY (Daily, weekly, monthly, as situations occur, etc.)		7. REPORT FORMAT (Form no., memorandum, machine tabulation, etc.)				
8. DATE REPORT IS DUE		9. NUMBER OF REPORTS RECEIVED/PREPARED ANNUALLY IF REPORT IS A "SITUATION" REPORT				
10. OFFICES OR ACTIVITIES REQUIRED TO SUBMIT THIS REPORT		11. DISTRIBUTION OF THIS REPORT ORIGINALS COPIES				
12. ESTIMATE OF THE NUMBER OF MAN HOURS REQUIRED TO PREPARE THIS REPORT ONE TIME. INCLUDE MAN HOURS REQUIRED AT ALL LEVELS TO MAINTAIN RECORDS, COLLECT DATA, PREPARE FEEDER REPORTS, AND COMPILE THE FINAL REPORT.						
13. COMPLETE THE FOLLOWING AS APPROPRIATE TO EITHER A "REQUIRED" OR "PREPARED" REPORT, OR BOTH, USING SPACE 14 IF NECESSARY.						
<p>A. DOES THIS REPORT DUPLICATE IN WHOLE OR IN PART ANY OTHER REPORT? IF SO PLEASE EXPLAIN.</p> <p>B. IS THE INFORMATION REPORTED IN MORE DETAIL, SUBMITTED MORE FREQUENTLY, OR GIVEN WIDER DISTRIBUTION THAN IS CONSIDERED NECESSARY TO SERVE THE PURPOSES FOR WHICH THE REPORT WAS ESTABLISHED?</p> <p>C. IS THIS REPORT THE RESULT OF AN ADMINISTRATIVE OR PROCEDURAL PROBLEM WHICH SHOULD BE CORRECTED RATHER THAN REPORTED ON?</p> <p>D. COULD THE PURPOSES OF THIS REPORT BE SERVED BY DIRECT SUPERVISION OR INSPECTION, OR BY BRIEFINGS, STAFF MEETINGS, ETC.?</p> <p>E. HAS OFFICE ROUTINE EVER BEEN DISRUPTED OR HAS OVERTIME EVER BEEN REQUIRED TO MEET THE SUBMISSION DATE FOR THIS REPORT?</p> <p>F. DO YOU RECOMMEND THAT THE FORM OR FORMAT OF THIS REPORT BE REVISED WITH RESPECT TO? <ul style="list-style-type: none"> (1) SPACING (2) WEIGHT OF PAPER (3) POSSIBLE ELIMINATION OF TRANSMITTAL CORRESPONDENCE </p> <p>G. IF THE REPORT IS REPRODUCED BY XEROGRAPH, DITTO, MULTILITH, ETC., DO YOU RECOMMEND THE PROCUREMENT OF REPRODUCIBLE MASTERS WITH HEADINGS, LINES, ETC., PREPRINTED THEREON TO EXPEDITE PREPARATION OF THE REPORT?</p> <p>H. WOULD YOUR OFFICE DISCONTINUE? <ul style="list-style-type: none"> (1) MAINTAINING (2) COMPILED </p> <p>THE DATA BEING SUBMITTED IN THIS REPORT IF THE REQUIREMENT FOR ITS SUBMISSION WERE RESCINDED?</p>					YES	NO
					MORI/CDF Pages	1
					-33	

14. REMARKS (If you require this report, briefly state its purpose, and fully justify its continuance. State any contemplated action for continuing the report. Consider changes in conditions since the report was established. If you prepare this report, furnish a general opinion of its value. Cite any evidence or lack of evidence that the report is worth its cost. Recommend any improvements, including methods for preparing and submitting the report.)

CONTINUED ON SEPARATE SHEET

REVIEW BY CHIEF OF COMPONENT

RECOMMENDATIONS

CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE

REQUEST FOR APPROVAL OF NEW OR REVISED REPORTING REQUIREMENT				DATE OF REQUEST
TO:				
THROUGH:				
1. PERSON TO CONTACT REGARDING REPORT	NAME		ROOM NO.	BUILDING
2. TITLE OF REPORT AND REPORTS CONTROL SYMBOL IF ONE HAS BEEN ASSIGNED				
3. TYPE OF REPORTING REQUIREMENT	4. IF REVISED, STATE NATURE OF REVISION			
<input type="checkbox"/> NEW				
<input type="checkbox"/> REVISED				
5. LIST ANY REPORTS TO BE SUPERSEDED BY THIS NEW OR REVISED REPORTING REQUIREMENT			6. PROPOSED DURATION OF REPORT	
			<input type="checkbox"/> INDEFINITE	
			<input type="checkbox"/> TEMPORARY (Indicate period)	
7. CITE DIRECTIVES, AUTHORITIES OR INSTRUCTIONS ORIGINATED BY YOUR IMMEDIATE ORGANIZATIONAL ELEMENT WHICH REQUIRE THIS REPORT				
8. CITE OTHER CURRENT DIRECTIVES, AUTHORITIES OR INSTRUCTIONS AFFECTING THE REPORT				
9. REPORT FORMAT (Form no., memo, machine tabulation, etc.)	10. REPORTING FREQUENCY (Daily, weekly, monthly, as situations occur, etc.)		11. DATE REPORT IS DUE IN YOUR OFFICE	
12. DESCRIBE SUPPORTING MATERIAL TO BE SUBMITTED WITH REPORT				
13. ACTIVITIES OR COMPONENTS REQUIRED TO SUBMIT THIS REPORT			14. DISTRIBUTION OF REPORT	
			<input type="checkbox"/> ORIGINAL	
			<input type="checkbox"/> COPIES	

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15. DETAILED NEED FOR RELEASE OF THIS REPORT (Include a statement how your program would be affected if the information you desire was not furnished.)

CONTINUED ON SEPARATE SHEET

REVIEW BY CHIEFS OF COMPONENTS

RECOMMENDATIONS

CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE
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RECOMMENDATIONS

CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE
RETURNED APPROVED	REPORTS CONTROL SYMBOL ASSIGNED	DATE
RETURNED DISAPPROVED	TITLE	SIGNATURE
COMMENTS ARE ATTACHED		

1. REPORT TITLE		2. SUBJECT CODE
		3. CONTROL SYMBOL
		4. TYPE OF REPORT
		REQUIRED PREPARED
5. FREQUENCY	6. DUE DATE	7. SHOULD BE LISTED
		YES NO
8. FORM NO. OR FORMAT		
9. DIRECTIVE REQUIRING SUBMISSION OF THE REPORT		
10. OTHER CURRENT DIRECTIVES OR INSTRUCTIONS AFFECTING THE REPORT		
11. OFFICES OR ACTIVITIES REQUIRED TO PREPARE THE REPORT		
12. DISTRIBUTION		

FORM NO.
1 DEC 55 855

REPORTS REFERENCE

(35)

Figure 3

~~APPENDIX C~~

SAMPLE FORM MEMORANDUM FOR INITIATING A REAPPRAISAL OF REPORT

MEMORANDUM FOR: (Chief of the organizational element which requires or prepares the report)

SUBJECT: (Title and reports control symbol of the report)

REFERENCE: (Directive which requires the report)

1. One of the functions of our Reports Management Program is the periodic reappraisal of requirements for reports. In this manner nonessential reporting is disclosed and eliminated, and essential reporting systems are further improved.

2. Our records indicate that your organization (prepares/requires) this report in accordance with the referenced authority. Your assistance in reappraising the report is therefore requested. Please have the member of your staff responsible for this report complete the enclosed Report Survey forms and return one copy to us within ten days. Any directives, correspondence, instructions, revised forms or other material concerning this report which have not been furnished us should also be forwarded.

3. The enclosed form contains questions which provide criteria for evaluating the report. Additional guidance may be found in the pamphlet "Analyzing Requirements for Administrative and Management Reports," obtainable from our office. For this pamphlet or for further information please call us on extension 1234.



STAT

Reports Management Officer

Enclosure:
Form No. 521 (2)

~~APPENDIX C~~
~~Figure 4~~

